DOCUMENT RESUME

ED 361 640 CG 025 048

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TITLE Androgyny and Self-Esteem.
PUB DATE 9 Mar 93
NOTE 38p.; Doctoral Research Paper, Biola University.
PUB TYPE Dissertations/Theses - Doctoral Dissertations (041)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Androgyny; Individual Development; Self Concept; *Self Esteem; *Sex Role; Sexual Identity

ABSTRACT

This paper examines the relationship between androgyny and self-esteem by reviewing recent research on the two topics. It is noted that, until recently, sex-typing was considered to be a normal healthy function of development and it was believed that people were happiest and most productive if their sex-typing matched their gender. Some recent research, however, indicates that self-esteem was often highest in subjects who adopt an instrumental view toward life (usually assigned as a male characteristic). Androgyny research is cited that showed a distinct class of people whose sex-role adaptability allowed them to use male and female behaviors in a way that promoted flexibility and independence. It is noted that increased self-esteem may be hypothesized to accompany such flexibility. Examples of recent research in the areas of androgyny and self-esteem are provided which allow for a greater breadth of definition for what constitutes self-esteem than much past research has included. The document concludes that, given the multidimensional aspects of both androgyny and self-esteem, a renewal of research interest in their interactions is likely to be productive. Moreover, future research needs to consider a more general population than that of college students and studies of men and women of differing ages, socioeconomic backgrounds, educational levels, and cultural affiliations are needed to provide a more complete view of the interaction of androgyny and self-esteem. (Author/NB)

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ANDROGYNY AND SELF-ESTEEM

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CG025048

ANDROGYNY AND SELF-ESTEEM

A Doctoral Research Paper

Presented to

the Faculty of Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

Ann Middlebrook-Stangl

May 1992

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ABSTRACT

ANDROGYNY AND SELF-ESTEEM

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Ann Middlebrook-Stangl

Until recently sex-typing was considered a normal healthy function of development. It was believed that people were happiest and most productive if their sex-typing matched their gender. However, some recent research indicated that self-esteem was often highest in those subjects who adopted an instrumental view toward life (usually assigned as a male characteristic). Androgyny research shows a distinct class of people whose sex-role adaptability allows them to utilize male and female behaviors in a way that promotes flexibility and independence. Increased self-esteem may be hypothesized to accompany such flexibility. Recent research in the areas of androgyny and self-esteem allow for a greater breadth of definition for what constitutes self-esteem than much past research has included. Given an increasing view of the multidimensional aspects of both androgyny and self-esteem, a renewal of research interest in the interactions is likely to be productive.

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ANDROGYNY AND SELF-ESTEEM

Introduction

Until the 1970s there was a long-standing assumption by many that masculinity and femininity were two ends of a single continuum. This approach is evident in tests such as the Minnesota Multiphasic Personality Inventory (MMPI). A person is either masculine or feminine; he or she can be "more or less" of either dimension but not of both. Sex-typing is a result of this assumption. Men should be men, and women should be women. Each of these positions is invested with the appropriate behaviors. The behaviors themselves may vary among sub-cultures and ethnic groups, but the process itself remains the same.

One of the main developmental tasks of childhood is to become a "psychological" male or female as defined by society. By nursery school age, normal children are already behaving within the parameters of appropriate sex-typed behavior (Alpert-Gillis & Connell, 1989). When asked, 3-year-old children can distinguish between what "little girls" like to play and what "little boys" prefer. Young children already know that their parents expect different behaviors from boys and from girls, and they are able to "role-play" the opposite sex quite well.

This process of sex-typing was considered a normal healthy function of development. It was believed that people were happiest and most productive if their sex-typing matched their gender. Parents as well as mental-health professionals worked toward this goal with their children and clients. This

assumption is now being questioned. Recent research has suggested that, in general, a high level of appropriate sex-typed behavior does not necessarily lead to better psychological or social adjustment.

Masculinity is generally associated with an instrumental orientation, consisting of behaviors like assertiveness, perseverance, self-confidence and independence. Femininity is associated with of behaviors like tenderness, nurturance, sensitivity, the ability to show emotion, or simply stated, an expressive orientation toward life. In the past the above behaviors were believed to be complementary and were seen to be inherent in different people and to different roles. Along with the feminist movement in the early 1970s, researchers such as Bem (1974) saw the list of behaviors being appropriate not to sex-roles but to different and independent situations encountered by men and women. Thus, behaviors that previously were sex-typed are now seen as needed by all people at different times allowing them more flexibility to function in a variety of situations.

In a series of studies, Bem (1974, 1975, 1979) demonstrated that behaviors usually restricted to either the dimension of masculinity or the dimension of femininity are in reality empirically independent. She found a distinct class of people whose sex-role adaptability allowed them to utilize behaviors in a way that promoted greater flexibility and independence. She called this new dimension "androgyny."

During the 1980s much research investigated topics related to sexual identity and androgyny. Androgyny now is for all intents and purposes, "an old topic" with research dwindling off. The once accepted standard of sex-typing has now been replaced by the model of androgyny. Where it once was questioned whether an androgynous person had high self-esteem, high

self-esteem is now incorporated into the classification of an androgynous individual.

The jump may have been made too quickly, and there are still questions to be answered regarding the relationship between androgyny and self esteem. One of the most significant issues regarding this relationship is the effect of cultural considerations.

Definitions

In researching this topic it became evident that the definition of terms is problematic. Simply defined, androgyny means having characteristics that are both masculine and feminine in nature. It appears evident that in some research certain value judgments were made part of the definition of terms. "The new sex-role ideal is androgyny, the possession of high levels of socially valued, independent masculine and feminine characteristics by men and women" (Wilson & Cook, 1984, p. 813). Although subtle, this definition of androgyny shows a bias that the masculine and feminine characteristics possessed by the androgynous individual are highly valued by society. What of masculine and feminine characteristics that are not so valued? How do they affect the concept of androgyny?

Androgyny researchers also have not typically considered the multi-dimensionality of self-esteem. Self-esteem is often viewed by these researchers in ill-defined global measures (e.g., Marsh, 1987). The exact definition of self-esteem may differ with each researcher. When self-esteem is being considered, it is necessary to know what instruments were used for measurement (if an empirical study is in question) or in more general terms, how self-concept is being defined. Empirical studies of the relationship

between androgyny and self-esteem tend to limit measures of self-esteem to those of achievement (or the perception by the individual of possible achievement), as this is the most easily quantifiable dimension of self-esteem. Unfortunately this definition leads to several methodological problems for research.

Methodology

While specific methodological problems are discussed below under the separate sections regarding androgyny and self-esteem, the intent of this section is to discuss two general issues raised regarding methodology. These two issues involve over-simplification; first, in the definition of self-esteem and the problems of sample construction.

Self-esteem is often reduced to one component--achievement. This may be because achievement is easily quantifiable and therefore measurable, or it may be because this is how white middle-class America defines self-esteem. Depending on which supposition is made regarding the measurement of self-esteem, different validity issues are brought into question.

Construct validity (internal validity) is the extent to which a test accurately measures a theoretical construct or trait. When self-esteem is limited to one component (achievement), construct validity is weakened and questionable. While some studies used self-esteem measures that did measure more than this one component (e.g., Bem, 1974; Flagg, 1984), other components of self-esteem were often discounted.

External validity, the extent to which the study can be generalized, is brought into serious question when one considers that the vast majority of studies used college students as subjects. Students are a natural group to test

if the definition of self-esteem is largely identified with achievement. This is what school is about, and achievement may for a time actually define self-esteem for a person. This definition becomes highly questionable when applied to people of different ages, socio-economic and cultural groups.

As a theoretical construct self-esteem is measurable only to the extent that it has consequences which are observable. While achievement (however that may be defined) may be one such consequence, there are others (e.g., nurturance) suggested by researchers such as Edwards, Van Buren, and Zabriskie (1979), and the construct validity of any such study of self-esteem would be enhanced by the inclusion of other such consequences. In addition, since societal expectations play a role in self-esteem, it seems that studies of self-esteem in which subjects are exclusively college students will have limited generalizability. Consideration should be given to appropriate components of self-esteem when a specific group is being studied, and the results should be generalized only to groups sharing similar components of self-esteem. In particular, if achievement is the only measure of self-esteem being used, the external validity of the study is limited to groups for whom achievement is the most significant measure of self-esteem.

Androgyny

In the early 1970s Bem completed a series of studies on androgyny describing a distinct class of people whose sex-role adaptability allowed them to utilize behaviors in a flexible style (Bem, 1974, 1975). Since these early studies, other researchers have continued to pursue the question of sex-role adaptability and its usefulness.

Measures of Androgyny

Recent studies on sex-roles have used measures reflecting the two dimensional model rather than the previously held position of masculinity and femininity being opposite poles of one continuum. Bem was a pioneer with her Bem Sex-Role Inventory (BSRI) (Wilson & Cook, 1984). This inventory is still the most widely used measure and has influenced similar measures even though there are some theoretical questions yet to be solved.

While Bem's (1979) theorizing presents a compelling argument for the concept of androgyny, some researchers have questioned the adequacy of her two-dimensional model (masculine and feminine or instrumental and expressive). There is some indication that the BSRI masculine scale obscures an important distinction between autonomy and dominance, and the feminine scale confuses nurturance with introversion. Edwards et al. (1979) have identified four reliable factors using the BSRI: empathy, dominance, autonomy, and gender identity. Other factor analyses have consistently shown that the BSRI measures three major interpersonal dimensions: nurturance, dominance, and autonomy (e.g., Marsh, 1987).

Nurturance, dominance, and autonomy correspond to the dimensions of an interactional model of personality. Golding and Knudson (1975) provided multitrait-multimethod validity for a three dimensional model in which they identified the dimensions as aggressive dominance, affiliation-sociability, and autonomy. There has been some argument that androgyny as a concept involves flexibility of interpersonal behaviors such as these mentioned (Edwards et al., 1979). Wiggins and Holzmuller's (1978) research also indicated that the concept of androgyny should be expanded to include other interpersonal dimensions. The fact that androgyny is

multidimensional does not negate the usefulness of the concept. However, it does make the concept more complex and calls for further research. Edwards et al. (1979) suggested a revision of the BSRI to expand the number of items measuring the three dimensions and deleting other items that do not fit.

Methodological Issues

Most of the research regarding androgyny suffers from a significant problem: Studies have used instruments that only assess positively valued masculine and feminine characteristics, even though these may be unduly influenced by social desirability. According to Marsh (1987), masculine and feminine stereotypes include undesirable as well as desirable characteristics which must be taken into account.

> Self-endorsing socially desirable items infers a positive self-concept. . . This finding has important implications that, perhaps, have not been fully recognized. In particular, the apparent size of the MF/self-concept relation will vary substantially depending on the social desirability of the MF items--particularly if M and F items are inferred from only socially desirable items--and if M and F items are not balanced in terms of social desirability this imbalance may distort the apparent contribution of M and F to external constructs. (Marsh, 1987, p. 115)

One instrument that makes allowances for the negative characteristics in each sex-role is the Australian Sex-Role Scale (ASRS) (Marsh, 1987). A more widely used scale, the Personal Attributes Questionnaire (PAQ), has been recently revised (EPAQ) for the same considerations (Marsh, 1987). The ASRS and the EPAQ attempt to control for the influence of social desirability by the inclusion of socially undesirable characteristics.

In research completed by Wilson and Cook (1984), the four most widely used measures for androgyny were tested for concurrent validity.

The four scales compared were the Bem Sex-Role Inventory (BSRI), the Personal Attributes Questionnaire (PAQ), the ANDRO scale based on the Personality Research Form (PRF) (Berzins, Welling, & Wetter, 1975), and the masculinity and femininity scales from the Adjective Checklist (ACL). All these scales rely on paper and pencil self-description to determine masculine and feminine characteristics which are the basis for subsequent sex-typing classification. Wilson and Cook (1984) asserted that the ACL was the only scale that used items deemed socially desirable and socially undesirable. (The revised EPAQ came out after this research was completed.)

The difference in the scale construction does not necessarily mean that different constructs are being measured. However, it does indicate that empirical concurrent validation is necessary. Recent research has indicated that there may be major differences in the conceptualization of masculinity and femininity. If the instruments are not measuring the same concepts of masculinity and femininity, a person's androgyny will be defined differently depending on which instrument is being used (Wilson & Cook, 1984).

All four instruments were scored using a median-split method. Research by Spence, Helmreich, and Stapp (1975) found that the median-split model accounts for both relative balance and magnitude of the scores within a four-fold table. A subject was classified as high or low in masculinity or femininity by determining whether she or he scored above or below the median for the reference group. Subjects scoring high on one scale but low on the other scale were sex-typed as either masculine or feminine, with the high scale being the determinant. Those scoring above the median on both masculinity and femininity were considered androgynous

while subjects scoring low on both scales were considered by these researchers as undifferentiated. This classification differs from others (e.g., Flagg, 1984) in which instruments are scored using the relative balance approach introduced by Bem. In this latter system the undifferentiated category is clouded, as the subject shows balance between the scales, albeit on the low side.

The undifferentiated subject (sometimes called indeterminant) has in the past mistakenly been identified as androgynous (since she or he scores equally in both masculine and feminine characteristics). In research completed by Berzins et al. (1975) and Spence et al. (1975), the androgynous and indeterminate individuals differ to a great extent. The androgynous subject has more resources available from both the masculine and feminine scales while the undifferentiated person usually has fewer resources than either androgynous or sex-typed individuals. This is an important distinction to remember as across studies (e.g., Marsh, 1987; Whitley, 1984) the undifferentiated subject continually scores lower on self-concept measures than all three other categories. If undifferentiation is being confused with androgyny, results of studies will be skewed.

The four androgyny instruments studied appeared to be different enough in their measurement characteristics that it is necessary to be cautious in making generalizations about behavior without considering which instrument was used (Wilson & Cook, 1984). Although one should not use the measures interchangeably, differences may be viewed as potential indicators of ways in which they can be used. Comparisons of conceptualizations behind the independent scales should illustrate what the measure was intended to assess (Piel, 1980). For example, the PAQ was

based on a trait conception of masculinity and femininity and may be a fairly precise measure of correlates of the relatively stable, pervasive instrumental-expressive trait dimensions (Spence, Helmreich, & Holahan, 1979). The BSRI was designed to reflect a general pool of attributes arbitrarily grouped into two mutually exclusive categories according to societal standards and would therefore be the measure of choice for studies exploring stereotypic sex-role behavior (Bem, 1979).

Self-Esteem

Previous studies of the relationships between masculinity/femininity and self-esteem tended to treat each of these concepts somewhat simplistically. Masculinity and femininity were seen as opposites on a continuum. Self-esteem, while seen as multi-dimensional in its own right, was related to masculinity and femininity as if it were a simple entity. Typically, researchers designed their methods to find those things which their models suggested they look for--and they found them.

Marsh (1987) proposed a more sophisticated model and a more sophisticated method of research to test this model. By replacing the typical 2 X 2 Analysis of Variance (ANOVA) design with a 4 X 4 design, his method ass able to test main effects more accurately, and to test more complex interactions. Masculinity and femininity were also viewed as orthogonal, allowing for the possibility that a person could be positive (or negative, for that matter) on either or both scales. By extending the study of regression analysis to differentiated aspects of self-esteem and beyond merely the linear terms, he was able to test Whitely's (1984) earlier suggestion that "some dimensions of self-esteem may be more closely

related to sex role orientation than others" (p. 774). In both cases, these more sophisticated approaches are generalizations of previous techniques, and are able to reconfirm or call into question earlier results.

In his 1987 study, Marsh used a sample of 962 (49% female) high-school students (grades 7 through 11) from a predominantly middle class suburb. The purpose of the investigation was to examine the relations between 4 ASRS (M+ , M-, F+, F-) scales and 11 facets of self-concept measured by Self Description Questionnaire II with respect to five theoretical models (described below.)

Each of the models is interpreted from the results of regression analyses that relate self-concept measures to the main effect of masculine and feminine, the masculine-by-feminine interaction, and the interaction of these effects with gender (Marsh, 1987). The five models are, (a) sex-typed or congruence model, (b) additive androgyny model, (c) masculinity model, (d) interactive androgyny model and (e) the differentiated additive androgyny model.

Sex-Typed (Congruence) Model

The assumption of the sex-typed model is that psychological well-being will result only when one's sex-role orientation is congruent with gender. With the realization that sex-role identification is not uni-dimensional, this model has been revised to allow for a certain amount of gender and sex-role interaction. Psychological well-being was postulated to result from high masculinity with low femininity in men and low masculinity with high femininity in women (Lubinski, Tellegen, & Butcher, 1981). This model no longer requires the notion of bipolarity of masculinity and femininity (Whitely, 1984). However, it requires that for females

femininity should be more positively correlated with self-concept than is masculinity, but for males masculinity will be more positively correlated with self-concept than will femininity. Thus self-esteem is related to how the interaction between masculinity and femininity reflects actual gender in each subject.

Since the acquisition of a masculine identity by men and a feminine identity by women is seen as producing higher self-concepts, there is support for such a model to be encouraged during early adolescent years when such acquisition processes are typically assumed to be most important (Kohlberg, 1966; Marsh, 1987).

Masculinity Model

The masculinity model suggests that self-concept, at least in western society, is primarily determined by the effects of masculinity rather than of femininity. This is supported especially by empirical studies rather than theory, though it may be consistent with a feminist perception regarding the emphasis on instrumental/achievement oriented values in the organization of our society (Marsh, 1987). This model emphasizes the main effect of masculinity in that self-esteem is related to masculinity regardless of how feminine the subject also is and regardless of the subject's gender.

This model is consistent with a bipolar view of masculinity and femininity but does not require it. One can be androgynous, it is simply the masculine factors of the personality that contribute to self-esteem. This leads to the concept held by some that androgyny is more advantageous to women than to men since men would already presumably have the necessary traits for self-esteem.

Of course, it must be kept in mind that someone of the male gender could still have a feminine sex-role image and, therefore, lower self-esteem. It is the masculine sex-role that is needed for positive self-concept, not merely male gender.

Antill and Cunningham (1979, 1980) related responses from five different MF instruments and two different self-esteem measures. They concluded that, "In every case masculinity showed significant positive correlations with self-esteem in both sexes whereas the correlations with femininity were generally nil or negative" (1979, p. 783).

Additive Androgyny Model

The additive androgyny model assumes that masculinity and femininity are independent and complementary. Both masculinity and femininity contribute significantly to self-concept. Androgyny is represented by the sum effects of the masculinity and femininity components, but there would be no meaning to androgyny beyond these masculine and feminine characteristics (Whitely, 1984).

Cook (1985) noted, "The best documented and robust association in the androgyny literature is that between masculinity and paper and pencil tests of self-esteem. Femininity is more weakly related if at all" (p. 94). Marsh (1987) concluded, "Hence, androgyny researchers have been unable to find much (empirical) support for either the additive or interactive models that are derived from and central to androgyny theory" (p. 98). Since much of this literature defines self-esteem in terms of achievement and masculinity in terms of an instrumental orientation, this synopsis is not surprising.

Interactive Androgyny Model

This model suggests there is a masculine-by-feminine interaction and, in a typical multiple regression approach, suggests that the masculine/feminine crossproduct contributes significantly to the prediction of self-esteem beyond the contribution of masculinity and femininity. In other words, the whole is greater than the sum of its parts. "As an interactive construct, androgyny has an effect on self-esteem, over and above that provided by its masculinity and femininity components. Most studies . . . have been designed to treat androgyny as an additive, rather than an interactive construct" (Whitely, 1984, p. 209).

Differentiated Additive Androgyny Model

The differentiated additive androgyny model takes into consideration the multi-dimensional aspect of self-concept mentioned earlier. This model suggests that masculinity and femininity each will contribute positively to the subject's self-esteem, but only in specific facets of self-concept (Marsh, 1987). Masculinity will be significantly more related to those aspects of self-concept (for either males or females) that are logically associated to males; and, femininity will be more significant to those facets of self-concept that logically relate to females. This fits with Whitely's (1984) suggestion that "some dimensions of self-esteem may be more closely related to sex-role orientation than others" (p. 224).

Although many androgyny researchers have not typically considered the multi-dimensionality of self-esteem, they have examined activities in which women might be expected to excel. These are usually areas that involve relationships and social responsibility as opposed to achievement skills (Whitely, 1984).

This last model may answer some of the questions regarding the empirical substantiation of the masculine model. Wilson and Cook (1984,) suggest that "the use of global measures of other constructs, especially self-esteem, may obscure associations with femininity. Such measures may be more fruitfully broken down into aspects differentially related to masculinity and femininity." (p. 834) This is also borne out by Edwards et al. 's (1979) research which concluded that androgyny as defined by Bem has differential implications for males and females. Edwards et al. noted that the nurturance factor is more predictive of self-concept than the feminine scale. The nurturance factor eliminates some of the negative traits such as dependency contained in the feminine scale. In fact, the nurturance factor correlated most highly with self-esteem for males as well as females of those three factors measured: autonomy, dominance, and nurturance.

The Models Compared

In the study done by Marsh (1987) no support was found for the sex-typed or interactive models, little support for the masculinity model, good support for the additive androgyny and particularly strong support for the differentiated additive androgyny model. (It must be kept in mind that the differentiated additive androgyny model is Marsh's concept.)

All the models were compared to a concept of self-esteem that had 11 components. According to Marsh (1987), the lack of support for the interactive and sex-typed models is particularly convincing as it was stable across all 11 components. In support of the additive model both masculinity and femininity contributed positively to self-concept. However, masculinity and femininity varied substantially and predictably with the specific area of self-concept. This finding is very supportive of the differentiated additive

model. Marsh contends that his more intricate research design, described earlier in this section, allowed better evaluation of the additive and differentiated additive models then was available before his study.

The Masculine Problem Explored

Theorists involved in the development of androgyny theory have often faced the problem that, although the concept of androgyny made sense and seemed logical, empirical studies have consistently maintained that self-esteem is best predicted by the masculine component of the androgyny scales (Marsh, 1987). Since this question often seems to arise, this section will serve as a summary of possible alternative solutions to the seemingly obvious conclusion that it is the masculine traits that are the more valued, especially in research concerning self-esteem.

Androgyny theory predicts that both masculinity and femininity will contribute positively to a positive self-concept, but research (e.g., Flagg, 1984; Anderson, 1986), typically relying on global measures of self-esteem rather than a multiple dimension approach, has found the contribution of femininity to be absent. For example, Cook (1985, p. 96) refers to this phenomenon as "the masculinity supremacy effect." More recent research (such as that of Marsh, 1987) that has used multiple dimensions of self-concept has shown that both masculinity and femininity contribute positively and uniquely to the prediction of well differentiated facets of self-esteem. The contributions of masculinity and femininity varied significantly dependent upon the area of self-concept involved. Femininity contributed more positively to the self-concept facets for which women had higher self-esteem than men (such as nurturance).

It may be helpful to view androgyny as multi-dimensional in nature as shown in the Edwards et al. (1979) research (see also Benjamin, 1974; Golding & Knudson, 1975). This may help remove some of the provocative character of the traditional masculine and feminine terminology and reframe this material in more neutral distinctions.

Edwards et al. (1979) have demonstrated that scoring the BSRI on factorially homogeneous dimensions instead of the usual masculine/feminine dimensions results in substantially different conclusions. In the research completed by Edwards et al., the BSRI was administered to 314 males and 294 females at the University of Southern California along with a second sample of 67 males and 108 females from psychology classes at a local junior college. The subjects rated themselves on the 40 sex-role stereotyped personality traits identified by Bem (1974). The self ratings were intercorrelated and factor analyzed. Ten factors were extracted in the male and female samples separately, and rotated orthogonally. Five common factors were identified in both samples which were labelled as nurturance, autonomy, dominance, introversion and gender identity.

Nurturance and autonomy contributed significantly to predicting self-concept for males and females. The positive traits of nurturance such as cheerfulness, warmth, understanding and the ability to be affectionate can be lost if the clearly negative traits, such as shyness, soft-spokenness, gullibility and child-likeness usually associated with the feminine scale, are not separated out. The BSRI masculine scale obscures an important distinction between autonomy and dominance and the feminine scale confounds nurturance with introversion.

Sex-Role Stereotyping by Psychotherapists

That sex-role stereotyping is not only present in the general population, but within the mental health field as well is provocative. Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) found a high degree of such stereotyping among both men and women clinicians regarding the attributes characterizing healthy adult men and women. These clinicians had different concepts of health for men and women, and these differences reflect prevalent sexual stereotypes. Just as parents influence their children to be masculine or feminine, many clinicians guide their clients.

From this perspective, a woman is to be regarded as healthier and more mature if she is more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more concerned about her appearance, and less objective. These characteristics are very close to the description which these same clinicians used to characterize an unhealthy, immature man (Brovermann et al., 1970). The image of a mentally healthy adult, sex unspecified, was essentially male and differed greatly from what was expected of a healthy adult woman. Women were caught in a double-bind: They could be feminine and so lack the qualities expected of an adult, or they could strive to be competent as adults and thereby be labeled as masculine in tendency (Thomas, 1985).

Sherman's (1980) review of the literature summarized 15 studies that showed that some mental health therapists still engaged in traditional sex-role stereotyping. However, there was some disagreement shown within the studies. Some studies indicated that since 1975 women clinicians have no longer held traditional stereotypes; and, two studies indicated that male therapists as well were free of sex-role stereotyping.

Thomas (1985) collected data in 1982 striving to update some of the previous studies listed. Her study was designed to see whether male therapists continued to engage in sex-role stereotyping. In addition to examining the therapist's sex as an independent variable, Thomas considered a variety of other therapist characteristics as independent variables.

The professional background of the therapist was examined as well as the degree of the therapist's psychoanalytic orientation. Because of their long years of medical training and the heavy emphasis on Freudian ideology, it was postulated that psychiatrists would be more traditional in their views of men and women than would psychologists, who typically receive a more eclectic education. Stringent Freudians have traditionally perceived initiative on the part of women as "penis envy," and therefore were expected to hold a stereotyped view on the mental health of their women clients (Thomas, 1985).

The therapist's era of socialization was also considered. It was expected that behavior would be more stereotyped if she or he were older and had therefore been socialized in a more conservative era.

The characteristics of the therapist's patients were examined. Therapists who saw large numbers of women and whose clients' educational levels were high were expected to have fewer stereotypes. Thomas (1985) expected that patients would have a feedback effect on their therapists, thus influencing the viewpoint of the therapist. It was also hypothesized that the kind of woman a male therapist married would influence his views of women in general. It was expected that male therapists married to achievers, either on the job or in education, would be relatively supportive of non-traditional roles for women in general (Thomas, 1985).

The sample for the study included an approximately equal number of therapists from four groups: male and female psychiatrists and male and female psychologists. The results of this study indicated that the gender of the therapist made no difference in ratings of mental health. Both sexes scored equally on the androgynous mental health factor. These results indicated both male and female therapists believe a female patient should be active and autonomous. The data agreed with studies by Maxfield (1976) and by Kravetz and Jones (1981) in indicating that male therapists have changed their reports of their attitudes (Thomas, 1985).

The profession of the therapist seemed to be the single most important factor in the ratings of mental health determinants. The analyses show that psychologists scored significantly higher on the androgynous mental health factor than did psychiatrists, regardless of their sex. It is not clear why this is true. However, the above mentioned different educational experience seems to be the logical reason. Although degree of Freudianism did not significantly predict the androgynous mental health factor, recent psychoanalytic writings (e.g., Fliegel, 1982) strongly suggest that many analysts continue to adhere to the Freudian concept of penis envy in spite of the strong evidence that this concept lacks validity.

Therapists seeing a large percentage of women consistently scored higher than others on the androgynous mental health factor. Interestingly enough, it cannot be determined from this study whether therapists adhering to a more androgynous view regarding women attracted more women or whether a large number of women in their practice resulted in changing a therapist's attitudes towards women.

In summary, the profile of the therapist most likely to have androgynous standards of mental health are straightforward. This therapist is a male or female psychologist who has a large number of women clients in his or her practice.

This study by Thomas (1985) indicating that therapists no longer indulge in sex-stereotyping examined only therapist attitudes (self-report measures used). However, as research has demonstrated, there is not always a significant correlation between reported attitude and actual behavior. More research is needed to see if these new attitudes are indeed being put into practice by mental health professionals (Thomas, 1985).

Cross-Cultural Issues

When studying androgyny and self-esteem, it becomes rapidly and clearly evident that there is a cultural bias in the majority of research. Most of this research has utilized college students as subjects. This biased sampling indicates that the subjects studied were predominantly white and upper-middle-class.

Self-esteem at this point seems to become defined by (or at least highly predicted by) values of the white protestant work ethic (i.e., achievement). Several developmental studies indicate that this definition of self-esteem is encouraged early in life. Alpert-Gillis and Connell (1989) gave 4th, 5th and 6th graders The Perceived Competence Scale for Children as a measure of self-esteem. The study found that boys showed a slight advantage with this instrument relating to their masculine (instrumental?) approach and "predicted more strongly perceived capabilities to do schoolwork" (p. 97) (achievement). Masculine and androgynous subjects were found to have

more positive school competence beliefs than subjects found to be stereotypically feminine, emphasizing the implicit equating of self-esteem with achievement.

In a study comparing Italian (n = 60) and Australian (n = 48) adolescent girls, Grieve, Rosenthal, and Cavallo, (1988), found that in the more conservative sample (Italian adolescents), self-esteem was associated with stereotypic feminine attributes and preoccupations. In the less conservative Australian sample self-esteem was related to perceptions of masculine qualities, such as intellectual ability. This latter group mirrored the majority of research done with American students.

Having included a largely homogeneous pool of subjects, most studies on androgyny and self-esteem define self-esteem with a white, middle-class cultural bias. Therefore, certain aspects of the studies may be open to question and need re-interpretation when being applied to different cultures or sub-cultures.

Androgyny and Self-Esteem in Clergywomen: A Case Study

In an interesting descriptive study compiled by Flagg (1984) two personality traits, psychological androgyny and self-esteem, were evaluated in women who had chosen ministry as a career. The data analyzed by this study consisted of self-reported self-image measures. The study, one of only a few such studies by that time, was based on the Bem Sex Role Inventory (BSRI, Bem, 1974) and the Texas Social Behavior Inventory (TSBI, Helmreich, Stapp, & Ervin, 1974). This study assumed clergywomen would parallel successful women in non-traditional fields other than the ministry in matters such as personal and professional stresses and in general coping techniques. It was also assumed, based on previous research, "that men and

women believe that their stereotyped idealized sex-roles hold true for most people even though their personal behavior may differ from these stereotypes" (Flagg, 1984, p. 223).

Because successful women in other male-dominated fields scored high in psychological androgyny and self-esteem (Banfield, 1976; Disabatino, 1976; Loxley, 1976) it was hypothesized that clergywomen would as well. The sample in Flagg's (1984) study consisted of 114 female ministers from Protestant denominations in New England. As there was no comprehensive list of female clergy at this time, random sampling was not possible. The sample was drawn from the New England Women Minister's Association and three major denominations: The American Baptist Churches, The United Church of Christ, and The United Methodist Church. These are large denominations in New England whose established practice of ordaining women made them the logical choice as sources for this sample (Flagg, 1984).

Of 165 questionnaires sent, 116 were completed and returned. The clergywomen ranged in age from 23 to 81. Most of the respondents (93%) were Caucasian, and only 3 were Black. A majority (55%) were married, 27 (23%) single, 13 (11%) divorced and 6 (5%) widowed. Over half (52%) had children. Ten denominations were represented, with the largest numbers coming from the three denominations listed above. Of the five demographic variables analyzed, only income yielded a significant difference. The highest income group (over $24,000) was significantly lower in femininity scores than the other three income groups. There was also a slight tendency for women under 40 years of age to have higher femininity scores than women over 40

The BSRI scores indicated that 32% were classified as androgynous, 16% as masculine, 21% as feminine and 31% as undifferentiated. As predicted the subjects classified as masculine or androgynous scored significantly higher than the feminine and undifferentiated groups on the self-esteem instrument (TSBI). The results, however, failed to support the hypothesis that clergywomen are psychologically androgynous.

"Rating oneself high on masculine attributes requires strong assertiveness. One possible explanation for the unexpectedly large percentage (31%) of clergywomen classed as undifferentiated is the self-negating, self-effacing value central to notions of Christian virtue, especially for women (1 Corinthians 1:3; 1 Timothy 2:9-12; Proverbs l6:l8). The Christian woman is admonished to be modest, submissive and silent" (Flagg, 1984, p. 226-7). However, the interesting problem with this interpretation is that it fails to account for the high self-esteem reported by the clergywomen. Usually high self-esteem implies assertiveness and other executive powers usually regarded as masculine traits. "Evidently, it is possible to think well of oneself without attributing to the self a high degree of leadership, competence, ambition, dominance, aggression, and self-reliance, all masculine traits on the BSRI" (Flagg, 1984, p. 227).

From this point on, Flagg came to some conclusions that were in conflict with other research already mentioned in this paper. She subscribed to the view that self-esteem is directly related to the masculine traits defined as instrumental. She stated that this view "makes sense." She made the questionable decision to combine androgynous and undifferentiated clergywomen to demonstrate that 63% reflect a "balance" of masculine and feminine traits. She claimed that "It may be more meaningful to the

effective practice of ministry that clergy exhibit what we might think of as well-rounded personalities, rather than extremes in masculinity and femininity" (Flagg, 1984, p. 227). While this sounds good, other research has demonstrated that the undifferentiated subject may show a "balance" of masculine and feminine traits but that balance is insufficient to make them proficient in either masculine or feminine pursuits. Thirty-one percent of Flagg's sample responded as undifferentiated. This large percentage is troublesome.

Conclusion

There are still assumptions held by many in this field of research, often subtle in nature, but perhaps having a large impact. Some very basic assumptions include what traits are defined as masculine or feminine. In their research, Spence et al. (1975) concluded "there exists a distinct class of people who are androgynous and whose sex-role adaptability allow them to engage in situationally effective behavior without regard for its stereotype as masculine or feminine" (p. 94). At best, this is an overstatement and most likely is the product of some assumptions of Spence et al. regarding sex-roles.

Too often it appears that good self-esteem is a product of androgyny-by-definition. "High self-esteem implies assertiveness and other executive powers entailed in what we usually regard as masculine traits" (Flagg, 1984, p. 227). It was assumed by Flagg that high self-esteem implies these things. Self-esteem is therefore equated with an instrumental, achievement oriented value system. Several of the research papers seemed to equivocate in the conclusions regarding information found in their own study that did not fit

with their original hypothesis. It was as if they were saying "Yes, but . . ." Flagg is a good example of the tendency. She found the need to explain away the "unexpectedly large percentage (31%) of clergywomen classed as Undifferentiated and the (21%) classed as Feminine" (1984, p. 227) when these women reported high self-esteem scores.

Flagg's (1984) research did raise some interesting questions. It does seem to be possible conclusion from her results that one can have high self-esteem and not view self as either androgynous or masculine. This may be due to the conservative nature of the women interviewed. However, this raises ethical issues. In certain sub-cultures significant differences in the basis of self-esteem may be present for males and females. Because this may not seem to be true for the general population, there is an ethical responsibility to respect the cultural differences present.

Simply put, what are the ethical obligations to a female client from a cultural background where self-esteem may be defined differently than the research indicates is the mainstream white middle-class value system? Should one try to work in the more accepted pattern of developing what might be considered "masculine" traits, or does one consider her life-situation and try to help her develop the accepted traits within those parameters?

One answer might be to emphasize the work done by Edwards et al. (1979), Golding and Knudson (1975) and others who view androgyny not as a two-dimensional, masculine/feminine model but rather a multi-dimensional model consisting of nurturance, dominance, and autonomy or aggressive-dominance, affiliation-sociability, and autonomy. Multi-dimensional models still value the concept of androgyny; such models are,

however, more complex. Multi-dimensional models might also have the advantage of taking the sexist language out of the research. The research might benefit from being freed of these entanglements.

The work done by Marsh (1987) considering a multi-faceted definition of self-esteem must also be taken into consideration. Edwards et al. (1979) and Marsh leave room in the definition of "self-esteem" for stereotypic feminine values such as nurturance, warmth, understanding. More complete research is needed in this area.

Further research is also needed to consider a wider population than that of college students who naturally maintain the achievement orientation so prevalent in the research to date. Studies of men and women of differing ages, socio-economic backgrounds, educational levels and cultural diversity are needed to provide an in-depth view of the interaction of androgyny with self-esteem.

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